

BENTON CLEAN AIR AGENCY

NOTIFICATION OF DEMOLITION AND REI	OITAVOV	N					
FEE RECEIVED	POSTM	ARK	C	OATE RECEIVED	7/19/2012		
I. TYPE OF NOTIFICATION (circle one):	6	Original Revise		ancelled	Annual		
II. OWNER NAME: U.S. Department of E Mailing Address: <u>825 Jadwin Ave</u> Contact: <u>D.E. Jackson / J. E. Rasmussen</u>	nergy- Ric Telep	chland Operations Office City:Ric Shone: 376-8086	e :hland C	State:_ cell Phone:	WA Zip: <u>99352</u> 406-366-0290		
ABATEMENT CONTRACTOR: CH2M Hill Plateau Remediation Complany Mailing Address: P.O. Box 1600, MS H7-30 City: Richland State: WA Zip: 99352 Contact: D. R. Turlington Telephone: 373-0176 Cell Phone: 225-223-4606							
OTHER OPERATOR: N/A							
Mailing Address: N/A Contact: N/A		City: Telephone:		State:_ Cell Pho	Zip: one:		
III. TYPE OF OPERATION: X Demolit IV. IS ASBESTOS PRESENT? X	Yes	Renovation Emergo	ency Re				
V. FACILITY DESCRIPTION (Include building name, number & floor/room number): Building Name: 200 Area Steam lines							
Building Size: N/A Present Use: Abandoned	_# of Floo	rs: <u>N/A</u> Prior U	Age in Yea Jse:In	ers: <u>Steam li</u> dustrial steam	ne >20 yrs old. line		
VI. ASBESTOS SURVEY CONDUCTED? (Yes/No) BY WHOM? <u>Deb. Abramson</u> PHONE <u>438-0632</u> DATE CONDUCTED <u>July 2012</u> LOCATION OF SURVEY REPORT <u>Offic e of Deb Abramson</u> DESCRIPTION OF THE PROCEDURE (INCLUDING ANALYTICAL METHODS) EMPLOYED TO DETECT THE PRESENCE OF ASBESTOS MATERIALS Process Knowledge/ evaluation by asbestos competent person							
VII.							
Approximate Amount of Asbestos Pre Including:	Amount of RACM To Be Removed		unt of Nonfriable Asbestos Material Not Be Removed				
meidanig.		To be Kemoved	Cate	egory I	Category II		
Pipes 2 of 10 ln. O.D. (Ln.Ft.)	000 ft	2000 ft pf 10 in. O.D. piping.			0 7		
Surface Area	(Sq.Ft.)	O.D. piping.	,				
RACM Off Facility Component	(Sq.Ft.)						
VIII. SCHEDULED DATES ASBESTOS REMO	OVAL: Sta	rt: July 30, 2012	MS ULED WORK	Comple	te: <u>Sept. 30, 2012</u> up to 84 hrs per week		
IX. SCHEDULED DATES DEMOLITION OF	R RENOVA	Ane I TION: Start: July 30,	2012	Comple	te: Sept. 30, 2012		
X. DESCRIPTION OF PLANNED DEMOLI 2000 feet of 10 inch steam line.	TION OR I	RENOVATION WORK & I	METHODS TO				

"XI.	DESCRIPTION OF WORK PRACTICES & ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: (Use additional paper if needed) Full abatement for ACM removed in place will be with full enclosure glove bags. HEPA vacs to collect dust/debris containing ACM. Wet methods or wetting agents utilized during ACM handling, removal, cutting, and cleanup except where not feasible due to electrical or other hazards. HEPA vaccums will also be used for removal. Prompt cleanup and disposal or waste or debris in leak-tight containers. Negative pressure HEPA enclosures used if glove bags are not feasible. Impermeable drop cloths used on surfaces beneath all removal activities.
XII.	WASTE TRANSPORTER: CH2M Hill Plateau Remediation Company
	Address: P.O. Box 1600 City: Richland State WA Zip: 99352 Contact: D. W. Chojnacki Telephone: 509-373-3345
XIII.	WASTE DISPOSAL SITE: Environmental Restoration Disposal Facility (ERDF) Location: U. S. Department of Energy, Hanford Site City: Richland State: WA Zip: 99352 Telephone: 376-8086
XIV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: (COPY OF ORDER MUST BE ATTACHED) Agency: N/A Date of Order (Mo/Da/Yr): N/A Date Ordered to Begin (Mo/Da/Yr): N/A
XV.	FOR EMERGENCY RENOVATION: Date & Hour of the Emergency (Mo/Da/Yr): N/A Description of the Sudden, Unexpected Event: N/A
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: N/A
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
	See work practices and controls described under item XI above. In addition, all Class I work will be supervised by a certified Asbestos Competent Person (ACP). Entire area of work will be designated as an Asbestos Regulated Area with appropriate controls. Environmental Compliance Officer (ECO) will be contacted regarding any unexpected conditions, with appropriate notifications assured by that ECO.
PROV	I CERTIFY THAT WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE ISIONS OF 40 CFR, PART 61, SUBPART M, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL ALLABLE ON SITE FOR INSPECTION DURING NORMAL WORKING HOURS. I CERTIFY THAT THE ABOVE INFORMATION IS ECT.
XVIII.	Fen Simmons 4 90 Ammans July 19, 2012 (Signature - Owner/Operator) Date

NOTIFICATION FEE SCHEDULE

OPERATION CATEGORY	ADVANCED NOTIFICATION PERIOD REQUIRED	FEE
All Demolition Projects	10 Working days	\$25
Residential Asbestos Project	10 Working days	\$25
Asbestos Project: 10 to 259 If or 48 to 159 sf	10 Working days	\$150
Asbestos Project: 260 to 999 If or 160 to 4,999 sf	10 Working days	\$300
Asbestos Project: 1,000 to 9,999 If or 5,000 to 49,999 sf	10 Working days	\$600
Asbestos Project: more than 10,000 If or more than 50000 sf	10 Working days	\$1800
Annual Notification	10 Working days	\$1800
OTHER CHARGES - ADD TO QUANTITY BASED FEE		
Revision #	Prior Notification	Res. \$30/Others \$60
Emergency Renovation or Demolition	Prior Notification	Res. \$60/Others –
		Additional Initial Fee
All Approved Alternate Methods	10 Working days	Res. \$60/Others – Additional Initial Fee

BCAA	Signature	of Review_
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Date 7-19-12

Phone: 509.783.1304 • Website: bentoncleanair.org

Attachment 1.

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XIII Additional Waste Disposal Site

Waste Management Inc. Kennewick, WA (Columbia Ridge Landfill in Arlington, OR)

Phone 509-582-5121

Basin Disposal Inc. Pasco, WA (Finley Buttes Landfill in Boardman, OR)

Phone 509-547-2478

Ad. \$300 Rom and
Subtracted credit and
Honford credit and



	PEIVIOLI	TION AND RENOVATION					
FEE RECEIVED		POSTMARK	DATE	FRECEIVED 5/2/20	313	NOTIFICATI	ON#
0/0/12				3/2/20	1100		
TYPE OF NOT	IFICATION	l: Original Revis	sed (Cancelled	Annual		
OWNER NAM	E:US_De	epartment of Fnergy - Rich dwin Ave.	land Operati	ons Office			
			(ity : Richlan		- State: Wa.	Zip: 99352
		/ J. E. Rasmussen	Telephone	376-8086 /	376-7574	Cell Phone:	/A ^{Zip:}
SATEMENT CON	TRACTOR	CH2M Hill Plateau Box 1600, MS H7-30	Remediati	on Company	and	S WA	99352
ntact:	A. Bate	es / D. R. Turlington	Telenhor	ne: ^{376-2088/3}	73-0176	State: WA Cell Phone: 531	— Zip: -8192 / 225-223-4
	27/2		Гегериог	ic.		cell Filone.—	
HER OPERATOR	R:	N/A		N/A		/-	N/A
ailing Address:-	N/A	11/11		City:		State: N/A	Zip:
ntact:			— Telephor	ne:——N/A		Cell Phone:—	N/A
TYPE OF OPER			ovation E	mergency	Renovati	on House	Move
IS ASBESTOS F	PRESENT?	xx Yes	No				
EACILITY DEC	DIDTION	المانيما ماريام الماني	L 0 (1				
ilding Name	200 Ar	(Include building name, num	ber & floor/re	oom number):			
dress: 200	Area /	Hanford Site	City:R:	ichland	_State:	VA Count	"Benton
e Location of As	bestos (ba	Hanford Site asement piping, main floor c sulation 750 ft. St	eiling exteric	r siding etc \-	Abandone	d Steam Line	Wrapped with
bestos Conta	ining In	sulation 750 ft. St	eam Line i	s Above Grou	and on Ap	prox. 3 ft h	nigh Supports
NT.	/7		/-				
lliding Size:	/A pandoned	# of Floors:-	N/A	Age in	Years: St	team Line is	>20 yrs old
esent Use:	Januonea		— Prior Use	Industria	al Steam	Line	
			P	3 D D			
. ASBESTOS SU	RVEY CON		/HOM?—Brad		Office of	PHONE Brad P. Purv	438-4596
ATE CONDUCTED) ADIII,	LOC/	ATION OF SUI	RVEY REPORT—	OTTICE OF	Blad P. Pulv	18
Quantity of Friab	le I	Description of Friable	Quantity	f Nonfriable	I Doc	cription of Mon	friable ACM To
CM To Be Remo		ACM To Be Removed		le Removed		Removed	III Iable ACIVI 10
ipes	160ft	3" ThermalSystem Insulati	on Catagony I	590 ft.	311 17	hermal System	Inquiation
	10"OD	3" ThermalSystem Insulati Asbestos Containing Mat'l	Category	16"OD		stos Containi	
urface Area			Category I				
Off Component	+ +		Other				
п сотпролене			Other	9 6			
 SCHEDULED 	DATES AS	SBESTOS REMOVAL: Start:	May 17, 201	2	Complete	e: September 3	30, 2012
SCHEDULED	WORK W	EEK: Up to 7 days/wk	SCHEDUL SCHEDUL	ED WORK HOL	JRS: Up to	o 84 hours/wk	
			Mary	17 2012			
SCHEDULED	DATES DI	EMOLITION OR RENOVATION	N: Start: May	17, 2012	_ Complete	e: September	30, 2012
DESCRIPTIO	N OF DIAM	INFO DEMOLITION OF DEAK	OVATIONANO	DIV O A AFTILOD			
DESCRIPTIO	of asset	NNED DEMOLITION OR RENC	JVATION WO	KK & WETHOD	IO RE O	SED:	
for 4-5	ft between	een each section remove a	ll ACM for	emoval will h	pe in appr	ox. 20 ft. wh	ole sections, exc
line wi	11 remin	re removal of all ACM in p	nlace	ccess to cut	pipe. Al	so, Zu It. se	ction at end of
		or all her III	<u></u>				
DESCRIPTION THE DEMOL of 6-mil pla	N OF WOR	RK PRACTICES & ENGINEERIN RENOVATION SITE: (Use add th seams sealed with spra	IG CONTROLS	if needed) 20	O PREVEN	TEMISSIONS O	F ASBESTOS AT
section. A	CM remove	d in place will be with f	full enclosu	re glove bags	. HEPA va	acs to collect	dust/debris
containing l	ACM. Wet	methods or wetting agents	s utilized d	iring ACM han	dling, ren	moval, cutting	and cleanup, e
where not fo	easible d	ue to electrical or other	r hazards.	Prompt cleanu	p and disp	posal or waste	e or debris in le
		• 526 South Clodfelter Road • Ken love bags are not feasibl Phone: 509.783.1					
enciosures i	used if g	rove pags are not feasible Phone: 509.783 1	le. Imperme	able drop clo	ths used o	on surfaces be	eneath all remova
activities.					9		

XII.	WASTE TRANSPORTER: CH2M Hill Plateau Remediation Company Address: P. O. Box 1600 City: Richland State WA Zip: 99352
	Contact: D. W. Chojnacki Telephone: 509-373-3345
XIII.	WASTE DISPOSAL SITE: Environmental Restoration Disposal Facility (ERDF) Location: U. S. Department of Energy, Hanford Site City: Richland State: WA Zip: 99352 Telephone: 376-7574
XIV.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Agency: N/A Date of Order (Mo/Da/Yr): N/A Date Ordered to Begin (Mo/Da/Yr): N/A
XV.	FOR EMERGENCY RENOVATION: Date & Hour of the Emergency (Mo/Da/Yr):N/A Description of the Sudden, Unexpected Event:N/A
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: $_{ m N/A}$
XVI.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: See work practices and controls described under item XI above. In addition, all Class I work will be supervised by a certified Asbestos Competent Person (ACP). Entire area of work will be designated as an Asbestos Regulated Area with appropriate controls. Environmental Compliance Officer (ECO) will be contacted regarding any unexpected conditions, with appropriate notifications assured by that ECO.
PROV	I CERTIFY THAT WORKERS AND SUPERVISORS CONDUCTING ASBESTOS WORK ARE TRAINED IN ACCORDANCE WITH THE ISSUED OF 40 CFR, PART 61, SUBPART M, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED WILL VAILABLE ON SITE FOR INSPECTION DURING NORMAL WORKING HOURS.
	(Signature - Owner/Operator) Amman CHPR May 2, 2012 Date J
XVIII.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
	(Signature - Owner/Operator) CHPC MM2, 2012
NOTI	FICATION FEE SCHEDULE
	ADVANCED NOTIFICATION

OPERATION CATEGORY	ADVANCED NOTIFICATION PERIOD REQUIRED	FEE
All Demolition Projects	10 Working days	\$25
Residential Asbestos Project	10 Working days	\$25
Asbestos Project: 10 to 259 lf or 48 to 159 sf	10 Working days	\$150
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Asbestos Project: more than 10,000 If or more than 50000 sf	10 Working days	\$1800
Annual Notification	10 Working days	\$1800
OTHER CHARGES - ADD TO QUANTITY BASED FEE Revision #	Dia Nati	L D 620/01 660
	Prior Notification	Res. \$30/Others \$60
Emergency Renovation or Demolition	Prior Notification	Res. \$60/Others – Additional Initial Fee
All Approved Alternate Methods	10 Working days	Res. \$60/Others – Additional Initial Fee

Ty My

5/3/2012

ADDENDUM TO BCAA

"NOTIFICATION OF INTENT TO REMOVE	ASB	EST	OS CONTAIN	IING M	AIERIA	ALS"
1. TYPE OF NOTIFICATION (O = Original / R = Revised):			(D - Demolition / R	= Renovat	ion):	
FOR EMERGENCY RENOVATIONS FILL OUT THE REST OF THIS SECTION, OTHERWISE GO TO 2.						
Date and Hour of Emergency (MM/DD/YY):						
Description of the Sudden, Unexpected Event:						
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption	of Indus	strial Op	perations:			
2. FACILITY INFORMATION						
Operator: U.S.DOE- Richland Operations Office	Street A	ddress:	825 Jadwin	Ave.		
Richland, Washington 99352 Contact: D. E. Jackson	n / J.	Е.	Rasmussen		Tel: 376	5-7574
BUILDING SIZE Sq. Meter: N/A Sq. Ft.: N/A			No. of Floors: N	/A	Age in Yea	ars: N/A
Present Use: Abandoned Industrial Steam Line	Prior Us	e: Ind	dustrial Ste	am Sup	oly	
3. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIAT						
Removal of approx. 750 ft. of 10" OD steam line Insulation Asbestos Containing Material. 160ft	e, com	vered	with 3" of in place, 5	Therna 90ft re	al Syst emoved	em in sections.
4. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE E NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCE	ED TO P	OWDE	R:			
Entire area will be designated as an Asbestos F Immediate wetting, wrapping, or fixing of found						
5. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)			Start: 05/17/12			09/30/12
6. DESCRIPTION OF PLANNED DEMOLITION OR RENOVAL ACM removed in place in 4-5' sections every 20' removal using glove bags, wetting, wrapping, HE	' to a	allow	cutting in	to sect	ions.	
7. WASTE TRANSPORTER (Attach another sheet if there are two trans	sporters))				
Name: CH2M Hill Plateau Remediation Co.						
Address: P.O. Box 1600, MSIN H7-30						
City: Richland			State: WA		Z	Zip : 99352
Contact Person: Fen Simmons / Daniel Turlington Telephone: 372-0413					0413	
8. LOCATION OF WASTE DISPOSAL SITE Address: ER	RDF Tr	rench	, U.S. DOE H	Hanford	Site	
City: Richland			State: WA		Z	Zip : 99352
9. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AN		NFRI	ABLE ASBESTO	OS MATE	RIAL TH	IAT
WILL NOT BE REMOVED. SPECIFY THE AMOUNT BELO	VV.					stos Material Not to lefore Demolition
		RAC	CM to be Removed	1 (Cat I	Cat II
Pipes - Linear Meters (Linear Feet)		Se	e V. of BCAA Form			
Surface Area - Square Meters (Square Feet)			See V. of BCAA Form			
Volume RACM Off Facility Component - Cubic Meter						
10. I certify that an individual trained in the provisions of (40 CF renovation and evidence that the required training has been according normal business hours.	complis	shed b				
0.30	011	. 0				

1/2 -0413 1/4 /1/2012

A-6002-551 (05/98)

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Phone 509-582-5121

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